

## TRAVEL EXPENSE CLAIM

**See Instructions and Privacy  
Statement on Reverse Side**

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;TD 262 (REV. 10/92)

LAIMANT'S NAME

Karen Quarles

POSITION

SSAN OR EMPLOYEE NUMBER

DEPARTMENT

Washington DC Office

CB/ID NUMBER
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DIVISION OR BUREAU

INDEX NUMBER
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RESIDENCE ADDRESS

HEADQUARTERS ADDRESS
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TELEPHONE NUMBER	
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444 North Capitol Street, NW #134

CITY STATE ZIP

CITY	STATE	ZIP
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Washington DC 20001

[illegible]

CLAIM TOTAL

**\$22.50**

PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts when required)

travel to and from meetings for the month of October

## NORMAL WORK HOURS

PRIVATE VEHICLE LICENSE NUMBER

MILEAGE RATE CLAIMED

0.445

AGENCY ACCOUNTING OFFICE

**USE ONLY**

PAID BY REVOLVING FUND CHECK NUMBER

I HEREBY CERTIFY, That the above is a true statement of the travel expenses incurred by me in accordance with DPA rules in the service of the State of California. If a privately owned vehicle was used and if mileage exceeds the minimum rate, I certify the cost of the operating the vehicle was equal to or greater than the rate claimed, and that I have met the requirements as prescribed by SAM Sections 0750, 0751, 0752, 0753 and 0754 pertaining to vehicle safety and seat belt usage.

CLAIMANT'S SIGNATURE

DATE \_\_\_\_\_

SIGNATURE OF OFFICER APPROVING

DATE \_\_\_\_\_

SIGNATURE OF TITLE OF AUTHORITY FOR SPECIAL EXPENSES

DATE \_\_\_\_\_